

Work Order ID 110625

January-07-14 1:12:17 PM

110625

Page 1

Item ID: 646.2910

Revision ID:

Item Name: Deflector

Start Date: 1/07/14

Start Qty: 8.00

8

Required Date: 1/24/14

Req'd Qty: 8.00

8

Reference:

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals:

Process Plan: MLJ

Date: 14-01-07 Tooling:

Date: _____

QC: _____

Date: _____ SPC (Y/N): _____

Date: _____

Run Start

NR1

Stop

NR2

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| 646.2900 | N/C | | | | | | | | |
| 100 | | 0.00 | | | | | | | |
| *100* | | | | | | | | | |
| Mill Conv | Memo | 0.00 | | | | | | | |
| Conventional Milling Machine | MILL AS PER DWG | | | | | | | | |
| 120 | QC2- Inspect parts off machine FAI/FAIB | 0.00 | | | | | | | |
| *120* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 130 | QC8- Inspect parts - second check | 0.00 | | | | | | | |
| *130* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

646.2910
3110625

DA
39
10-03-14

DA
39
10-03-14

14-3-11

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
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| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

Work Order ID 110625

110625

Page 2

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Item ID: 646.2910 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: Deflector
Start Date: 1/07/14 Start Qty: 8.00 *8* Cust Item ID:
Required Date: 1/24/14 Req'd Qty: 8.00 *8* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

131

0.00

131

HandFinish

Hand Finishing

Memo

CLEAN AND REMOVE ALL PART MARKING

0.00

NA

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Outsource process - Anodize

Memo

Issue P/O to ATG : 23325

0.00

1- Black Anodize as per Dwg 646.2900

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Comformity is required

CL 14/03/12 8

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Packaging

Memo

0.00

14/3/28 (8)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
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|--|--|---|--|

Work Order ID 110625

110625

Page 3

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Item ID: 646.2910

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Deflector

Start Date: 1/07/14 Start Qty: 8.00

8

Cust Item ID:

Required Date: 1/24/14 Req'd Qty: 8.00

8

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 155 | QC5- Inspect part completeness to step on W/O | 0.00 | | | | | | | |
| *155* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 180 | Identify as per dwg & Stock Location: <u>57428</u> | 0.00 | | | | | | | |
| *180* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV*** | | | | | | | | |
| 190 | QC21- Final Inspection - Work Order Release | 0.00 | | | | | | | |
| *190* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

8x / 8x / 14328-
14/3/31
For per inspection only.

DAS 34 9.89

14/3/31 (8) DAS 32 9.89

14-03-31

14-03-31

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | |
|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|--|---|--|

Picklist Print

January-07-14 1:12:17 PM

Page 1

Work Order ID: 110625
 Parent Item: 646.2910
 Parent Item Name: Deflector

Start Date: 1/07/14 Required Date: 1/24/14
 Start Qty: 8.00 Required Qty: 8.00

Comments: IPP REV:A NEW ISSUE 13-04-18 JLM VERIFIED BY:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 646.2900E Deflector | | Manufactured | No | | | | f | 105.0000 | | 30.31579 | | | |

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| MAT036 | 105 | |
| 102582 | 105 | |
| 92577 | | |

33.4 BG 10.07.14
 * Mat'l not
 in system

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

| | | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
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| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
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| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
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FAULT CATEGORY

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|--|--|---|--|

| | | | | | | |
|---|-------------------------------------|----------------------|-----------------------|-----------------|---|--|
| APICAL INDUSTRIES, INC. | ENGINEERING CHANGE NOTICE NO. 03694 | | | | SHEET 1 OF 1 | |
| | DWG NO. 646.2900 | REV: N/C | PREPARED BY B. PETERS | DATE: 11/14/12 | EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. | |
| | DWG TITLE: DEFLECTOR | | | | | |
| | APPROVED BY: ENGR <i>JKL</i> | MFG <i>Don Baker</i> | QC <i>[Signature]</i> | EFF: NEXT ORDER | | |
| TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE | REASON: ADDED ALTERNATE MATERIAL. | | | | ECR: D-12-002 | |

IS

1 PRIMARY MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9.
ALTERNATE MATERIAL: 7075-T6511 ALUMINUM PER AMS-QQ-A-200/11.

SHEET 1, ZONE A2 IS:

110625 MLC
14-01-07

| | | | | | | |
|--|----|-------------|-----|-------------|---|--|
| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL | SPECIFICATION |
| DOCUMENTS EFFECTED: <input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUCC <input type="checkbox"/> ICA <input type="checkbox"/> BOM | | | | | CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

| | | | | | | |
|--|-----------------------------------|---------------------------------------|------------------------|-----------------------|----------------|---|
| APICAL INDUSTRIES, INC. | ENGINEERING CHANGE NOTICE 03207 | | | | SHEET 1 OF 1 | |
| | DWG NO. 646.2900 | | REV: N/C | PREPARED BY PB | DATE: 08/29/11 | EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC. |
| | DWG TITLE: DEFLECTOR | | | | | |
| | APPROVED BY: | ENGR <i>[Signature]</i> | MFG <i>[Signature]</i> | QC <i>[Signature]</i> | EFF: | CURRENT ORDER |
| TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE | | REASON: ADDED ALTERNATE BASE MATERIAL | | | | |

SHEET 1, ZONE A2, NOTE 1 IS:

NOTES:

1

MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9 OR AMS-QQ-A-250/12

2

FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2,
COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER;
PRIME IAW MIL-P-23377J TYPE I CLASS N

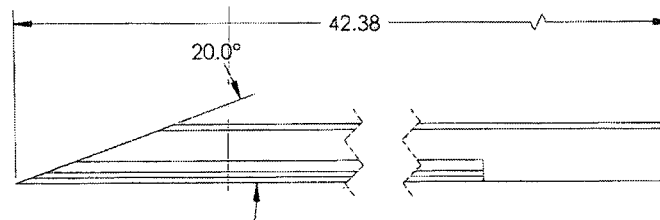
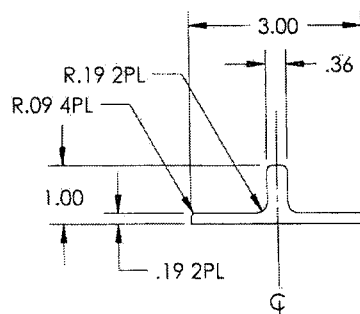
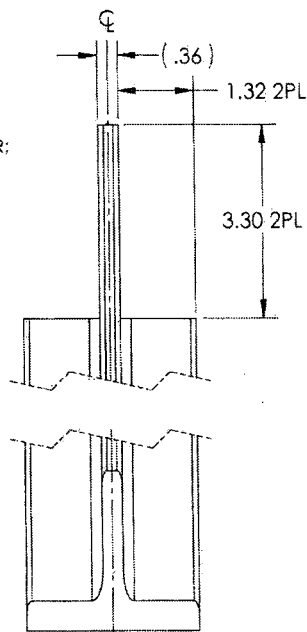
3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120

| F/N | TC | PART NUMBER | QTY | DESCRIPTION | MATERIAL | SPECIFICATION |
|---|----|-------------|-----|---|----------|---------------|
| DOCUMENTS EFFECTED: | | | | | | |
| <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM | | | | | | |
| CHANGE CATEGORY | | | | DER REVIEW REQUIRED | | |
| <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |

NOTES:

1. MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2.
COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER;
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120




646.2910

| REVISIONS | | | |
|-----------|-------------|------|---------|
| REV. | DESCRIPTION | DATE | APPROVE |
| | | | |
| | | | |
| | | | |
| | | | |

UNINCORPORATED ECN(S)

03207, 031094

| | | | | | | | | | |
|---------------|--|---|--|---|--|--|--|------------|--|
| | | 646.2910 | | DEFLECTOR | | A | | A | |
| | | FIND # | | PART # | | DESCRIPTION | | MAT'L SPEC | |
| QTY | | CHARGES PART | | PARTS LIST | | | | | |
| NEXT ASSY IS: | | EVO DIA-12 | | DATE OF OR | | <h1>APICAL INDUSTRIES</h1> <p>2608 TEMPLE HEIGHTS DR. GCEANSIDE, CA 92056-3512 (760) 724-5300</p> <h2>DEFLECTOR</h2> | | | |
| 646.4000 | | CHARGES | | REVISION | | | | | |
| | | 1 - 001 | | P. DRAW | | | | | |
| | | DRAWING APPROVAL | |  | | | | | |
| | | DATE 12-1-06 | | | | | | | |
| | | COP. FILE NO. | | | | | | | |
| | | UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS FRACTIONS DECIMALS ANGLES | | SIZE CA CODE | | DIMS MD | | REV | |
| | | | | B 02M26 | | 646.2900 | | 1 OF 1 | |
| | | | | SCALE NONE | | SHEET | | N/C | |



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO23325**

Purchase Order Date 3/12/2014

PO Print Date 3/27/2014

Page Number 1 of 2

Order From :

VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED

Contact Name

Vendor Phone 613-446-4544

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Terms Net 30

Currency CAD

FOB FCA - (Free Carrier)

Ship To Contact

Ship To Phone

Ship Via: VENDOR'S TRUCK

Ship Acct:

| Line Nbr | Reference Vendor Part Number | Description/ Mfg ID | Req Date/ Taxable | CD | Req Qty/ Unit of Measure | PO Unit Price | Extended Price |
|----------|------------------------------|---------------------|-------------------|----|--------------------------|---------------|----------------|
| | Line Comments | | Promise Date | | | | |
| | Delivery Comments | | | | | | |

| | | | | | | | |
|---|--------|----------------|-----------|--|-------|--------|---------|
| 1 | 113414 | D4726-1 HANDLE | 3/31/2014 | | 20.00 | \$0.90 | \$18.00 |
| | | | Yes | | | | |
| | | | 3/31/2014 | | | | |

FINISH: BLACK ANODIZE PER MIL-A-8625F TYPE I OR IB/II/III CLASS 2

Line Total: \$18.00

| | | | | | | | |
|---|--------|--------------------|-----------|--|------|---------|----------|
| 2 | 110625 | 646.2910 DEFLECTOR | 3/31/2014 | | 8.00 | \$48.00 | \$384.00 |
| | | | Yes | | | | |
| | | | 3/31/2014 | | | | |

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

Line Total: \$384.00

| | | | | | | | |
|---|--------|--------------------|-----------|--|------|---------|----------|
| 3 | 113624 | 646.2910 DEFLECTOR | 3/31/2014 | | 8.00 | \$48.00 | \$384.00 |
| | | | Yes | | | | |
| | | | 3/31/2014 | | | | |

FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625 TYPE III, CLASS 2 / PRIME AS PER IAW MIL-P-23377J TYPE 1 CLASS N

Note:

3/27/2014



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada

Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62956

Date: 26-Mar-14

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | | Ship Via | |
|--|--|-------------|-------|
| Quantity | | Description | |
| 1 lot | Part: ASST | Rev: | |
| | 20 PCS D4726-1 (0.90) | | |
| | BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 | | |
| | 16 PCS 646.2910 (48.00) <i>878</i> | | |
| | HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N | | |
| | PRICE IS PER PIECE | | |
| | Job: 20140191 | PO: 23325 | Line: |
| <p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>26/3/14</u></p> <p>CERTIFIED SIGNATURE: <u><i>M</i></u></p> <p>RECEIVER SIGNATURE: _____</p> | | | |